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CURE OF ENCYSTED DROPSY, BY EXCITING IRRITATION IN THE SAC.—Three cases of this disease, cured in the above mode, are related in the New York Journal of Medicine for November, 1845, by Edward H. Dixon, M. D., which, although wanting in details necessary to form a certain judgment of their character, are yet interesting at the present time, when the propriety of the extirpation of such tumors is exciting so much attention.

The first case was that of a woman 40 years of age, who had been for a length of time laboring under a dropsy and thrice tapped. After the third tapping, "an infusion of the sliced and dried fruit of the common persimmon" was thrown in with a 10 oz. syringe, with a catheter attached. The abdomen was handled, and the infusion then allowed to escape. Great prostration, followed by reaction, succeeded, and in the course of a few days "the lungs became hydropic, and frequently in one hour a large pocket handkerchief would be saturated to dripping with water coughed up from the lungs." By passing chloride of lime and sulphuric acid under the nose this was "driven to the skin," and a profuse sweat established, and during three regular metastases, the quantity of water was regularly diminished. The patient recovered. This very unusual case presents numerous points of interest, but from imperfect details and vague expressions used, it is doubtful whether the disease was one of ascites or an encysted dropsy, we infer the former.

The second case is one of encysted dropsy of the left ovary. Tapping having been performed, there was a discharge of a

mellicerous substance, which continued. Solutions of sulph. Tinc., sulph. copper, oak bark, and of iodine, were thrown in successively, and had the effect of diminishing the discharge. The opening, however, still remains, although the tapping was performed ten years since, the patient enjoying good health.

The third case was also an encysted dropsy of large size, which was cured by a rupture of the sac from violence, the patient falling down stairs.

Another entirely similar to this last is reported by our friend Dr. James P. White, in a late No. of the Buffalo Medical Journal, the disease disappearing from the effects of a fall.

In addition to these, there are a large number of cases on record of encysted tumors of the abdomen containing serum, fatty or gelatinous matter, hair, &c., which have inflamed and suppurated either from the effect of violence, or without perceptible cause, and either been readily cured or left only a fistulous opening. It then becomes a question whether the injection of stimulating fluid and keeping open the puncture may not be introduced as a general practice. That this may be done with impunity in a certain number of cases, is shown not only by those above given, but by many other facts we might mention. Thus having occasion not long since to tap for ascites, we injected 25 grains of hyd. potass in solution, but no symptoms of inflammation resulted. But on the other hand we are not to forget that these encysted tumors, when large, often, if not most frequently, prove fatal from inflammation developed in and around them. Cases of this kind have come under our observation, in some of which there were several attacks relieved by anti-phlogistic treatment, before that which proved fatal. Nor is the plan of puncturing and injecting stimulating fluids new, but whether practiced through the abdominal walls, the vagina or rectum, they have in a majority of cases proved fatal.

We have not room for the introduction of cases, but refer any who may be desirous of investigating the subject to the work of Boivin & Duges on the Diseases of the Uterus and its appendages.

D. B.

MEDICAL INTELLIGENCE.

EPIDEMIC ERYSIPELAS.—In the course of Lectures on the Theory and Practice of Medicine in Rush Medical College, Prof. Fitch presented to the class the results of his observations of the above mentioned disease. His remarks were based upon the analysis of 213 cases of the various forms of Erysipelas, of which he had kept accurately recorded notes, and 20 cases of Puerperal Peritonitis coexistent with the epidemic. We have been favored with a communication embracing the important deductions from this list, but from its length must postpone it until the first number of our next *enlarged* volume. Meantime we give a few notes taken down from Dr. F.'s lectures.

The Prof. at first doubted the contagiousness of the epidemic, but subsequently had abundant reason to change his opinion, and besides subscribing to the fact of its propagation by contact, proximity and inoculation, advances the *opinion*, which he thinks will be substantiated by others, that one attack confers immunity against a second, as in the case of other contagious eruptive fevers. He also acknowledges the identity of the Epidemic Erysipelas, and the concomitant cases of Puerperal Peritonitis.

In Prof. F.'s hands, no one point in the treatment appeared as effectual as free bleeding in the onset of the disease. A short delay in the use of the lancet, or its omission, materially increased the chances of a fatal issue. The Prof.'s favorite local application to the external inflammation was the liniment of linseed oil and lime water, and was much preferred after the use successively of the innumerable topical applications recommended by the various writers upon the subject. After effusion had occurred beneath the integuments, free incisions, when the nature and situation of the parts would admit of it, or otherwise, punctures to give exit to the serum, were almost invariably successful, and the only means of preventing supuration, sloughing, and their horrible train of consequences. In the simple anginose varieties mercurials were of no perceptible advantage. The application topically of diluted tinct. of iodine, and administration of salines, was in these instances the treatment most applicable.

The Prof. in his remarks upon the puerperal cases, advan-

ced the idea that the seizure might be prevented by slight ptyalism, induced by the use of blue mass, in small doses, for three or four weeks before anticipated delivery. Several cases were cited in which it could not be doubted that this treatment had proved successful. Should this be substantiated by future observers, its value would be incalculable.

MEDICAL CONVENTION.—A meeting of the Physicians of Rock River Valley was held, in pursuance of a call signed by sundry physicians of Rockford and vicinity, at the court house in Rockford, Illinois, on Tuesday, the 17th of February: Whereupon, on motion, Dr. G. HASKELL was called to the chair, and Dr. S. G. ARMOR appointed Secretary.

By request of the Chair, Dr. J. C. Goodhue stated the object of the meeting, which was the formation of an Association of the Physicians of Northern Illinois and Southern Wisconsin for mutual protection and improvement in the various branches of Medical, Surgical and Pharmaceutical knowledge—and presented, for the consideration of the Convention, a Constitution for the government of the Association, which was unanimously adopted.

The question, touching the *qualification* of members, and other matters of interest to the Society, then came up, and was discussed at considerable length, by Drs. Hulett, Haskell, Armor, Goodhue, Clark and others.

On motion, a committee, consisting of Drs. Hulett, Thomas, Clark, Catlin, and Manderville, were appointed by the chair to present to the Convention the names of officers for the Society for the ensuing year. The names of the following gentlemen were presented by the committee, and unanimously confirmed by the Convention:

J. C. GOODHUE, M. D., *President.*

J. HULETT, M. D., } *Vice*
G. HASKELL, M. D., } *Presidents.*

S. G. ARMOR, M. D., *Secretary and Treasurer.*

Censors—Lucius Clark, M. D.; A. M. Catlin, M. D.; Dr. A. Thomas.

On motion, Voted, That a committee of three be appointed by the chair to draft by-laws for the regulation and government of the Society, to be presented at the next annual meeting. Drs. Catlin, Clark and Goodhue, were appointed said committee.

On motion, Voted, That the President be requested to read a paper before the Society, at its next annual meeting, on some medical subject.

On motion, Voted, That the Secretary be requested to give

a general call to physicians of Northern Illinois and Southern Wisconsin, to meet with us at our next annual meeting in May.

On motion, Voted, That the proceedings of this meeting be signed by the President and Secretary, and published in the Illinois Medical and Surgical Journal, and the papers in this portion of the State and Territory.

On motion, The meeting adjourned to meet in Rockford, Illinois, on the third Tuesday in May.

GEORGE HASKELL, *Pres't.*

SAMUEL G. ARMOR, *Sec'y.*

In obedience to a resolution of the "Rock River Medical Society," I am instructed to extend a general call to all physicians, of reputable standing in their profession, in Northern Illinois and Southern Wisconsin, to meet with us at the next annual meeting of the Society, as business of importance, relative to the adoption of a code of by-laws for the regulation and government of the Society, the election of officers, &c., will be acted on at that time. The object of the Association, as expressed in the Constitution adopted by the Society, is "for mutual improvement in the various branches of Medical, Surgical, and Pharmaceutical knowledge." The Society has been organized under favorable auspices, and promises to be of lasting benefit to the Profession in this part of the State and Territory. We ask to be protected by no legal enactments; neither do we require any tests of membership other than QUALIFICATION. The evidence of this will be, either the degree of DOCTOR OF MEDICINE, conferred by some respectable Medical College; the presentation of a License or Diploma from some similar Medical Association; or a satisfactory examination before the board of Censors. More than this the Society cannot reasonably require;—less, we think, would fail in carrying out the true objects of such associations.

We believe we have begun right in this matter. Every subject connected with the proper organization of the Society, was candidly and freely discussed, and every difficulty, so far as they could be ascertained in the past history of similar associations, was satisfactorily removed. We now ask the co-operation of our brethren of the Profession in furthering the objects of the Association. We extend the invitation to every true lover of Medical Science, and indulge the hope that we shall be well represented at our annual meeting, at this place, on the third Tuesday of May.

SAMUEL G. ARMOR,
Secretary of the Society.

PRACTICAL MEDICINE, &c.

The Discussion on the treatment of Placenta Prævia.—Within the present year, considerable space has, on various occasions, been occupied in the *Provincial Medical Journal*, and in the *Medical Gazette*, by a discussion on an important practical question in midwifery, viz: the treatment in unavoidable hæmorrhage from insertion of the placenta over the os uteri. Dr. Simpson, the able and learned professor of midwifery in the University of Edinburgh, proposed some years ago to supercede, in certain cases, the ordinary practice of puncturing the membranes, or turning; separating, instead, the placenta from the parieties of the uterus, and subsequently extracting it before the child; and he has since been zealously and ably advocating his views on this point. Between Professor Simpson and Dr. Radford, of Manchester, arose a question of priority, which was discussed at length in the *Provincial Journal*; and between Dr. Simpson and Dr. Lee has since arisen a controversy, firstly, with reference to the propriety of the new practice, and secondly, with reference to various statistical calculations. Hitherto we have remained silent, but attentive, spectators of the discussion, in the hopes of being able before long to lay some decided data before our readers. The question has, however, become so important, that we think it our duty to transfer to our columns a brief account of the principal points at issue, without, however, attempting for the present to give an opinion of our own. We shall, firstly, with reference to the question of priority, give a few extracts from the correspondence between Dr. Simpson and Dr. Radford, as published in the *Provincial Journal*, of February 5th; we shall then extract an admirable epitome of Professor Simpson's views published by him in a late number of the *Medical Gazette*, along with a counter-statement of Dr. Lee's. We shall not enter into any details respecting the statistical calculations, which have been the subject of much debate, as this would lead us into a part of the controversy which we wish to avoid. With the data which we now lay before our readers, they will be able perfectly to understand the main points of the question; and we trust that should our thus breaking the ground lead to any further discussion on the subject, it will be conducted in that calm and dignified manner in which scientific questions should always be treated.—*Lancet*.

Dr. Simpson's remarks on the treatment of unavoidable Hemorrhage by extraction of the Placenta before the child.—All the more severe forms of uterine hæmorrhage that are liable to occur in the latter periods of pregnancy, and during delivery, are generally allowed, by obstetric pathologists, to depend upon the separation of a greater or less portion of the placenta

from the interior of the uterus. When such a separation takes place, *two* surfaces are exposed, namely, *first*, a part of the inner surface of the uterus, and, *secondly*, the corresponding part of the outer, or maternal surface of the placenta. Both of these surfaces present a number of open vascular orifices left by the laceration of the utero-placental vessels which formerly connected them. From which set of open vascular orifices—the uterine or the placental—does the resulting hæmorrhage principally proceed.

Most accoucheurs seem to believe that the blood effused in those hæmorrhages which occur before or during labor, comes from the exposed *uterine* orifices. "It is (observes Dr. Lee,) from the great semi-lunar, valvular-like, venous openings in the lining membrane of the uterus, which you have seen in various preparations, and of [from] the arteries which are laid open by the separation of the placenta, that the blood *alone* flows in uterine hemorrhage."—(Lectures on Midwifery, p. 361.)

But arteries, particularly when they are so long and slender as the utero-placental arteries are, do not give rise to any marked degrees of hemorrhage when they are lacerated or *torn* through; and bleeding does not readily occur from the venous openings exposed on the interior of the uterus, because venous hemorrhage by *retrogression* (which the blood escaping backward into the uterine cavity would be) is here prevented by a variety of anatomical and subsidiary means, which I have elsewhere taken occasion to describe at some length.

In the passage that I have quoted above from Dr. Lee's published Lectures, Dr. Lee does not allow that the blood, in uterine hemorrhage, proceeds in any degree from the open venous orifices existing on the surface of the separated portion of placenta, the discharge proceeding, in his opinion, from the exposed *uterine* surface "*alone*." But I know of no reason, anatomical or otherwise, for alleging that the open *placental* orifices do not bleed; and, on the contrary, I believe with Dr. Hamilton and others, that the discharge issues principally or entirely from the vascular openings, which exist on that exposed placenta surface. These placental orifices are not, like the uterine, surrounded by contractile fibres capable of constricting them; they are in free communication with the general vascular system of the mother through the medium of the maternal vascular, or cavernous system of the placenta; and the blood in that cavernous system escapes readily from the exposed venous orifices on the surface of the placenta—that being, in fact, so far, its natural and *forward* course.

In cases in which the placenta is partially and repeatedly detached before labor begins (as happens frequently in placental presentations,) before each attendant attack of hemorrhage is arrested, the vascular system of the separated por-

tion of placenta seems to require to become blocked up and impervious, with coagulated and unfiltered blood. This obliteration of its vascular cells prevents the further circulation of maternal blood through the detached part of the organ, and hence prevents also the further escape of it from its exposed surface. Each new detachment gives rise to a renewed hemorrhage, which again ceases on the sealing up of the vascular system of the detached part. A few cases of placental presentation are on record in which there was *no* attendant hemorrhage when labor supervened, the tissue of the placenta having, throughout the whole organ, previously become so morbidly changed, obstructed, and impervious, as not to have any quantity of blood circulating in it and ready to escape, when at last its surface was separated from the interior of the cervix uteri under the occurrence of the uterine contractions.

In common cases of unavoidable hemorrhage, the amount of the attendant flooding seems to be as much regulated by the quantity of placental surface *still* remaining attached to the uterus, as by the quantity *already* separated from it—the degree of flooding depending as much or more, upon the extent of the means of supply of blood as upon the extent of its means of escape. And in proportion as we approach nearer and nearer a *total* separation of the placenta, the number of its *afferent* utero-placental vessels is diminished, till at last we find that when the one organ is once completely separated from the other, the flooding is instantly moderated, or entirely arrested; for the placenta ceases to yield any discharge of maternal blood as soon as its own supplies from the maternal system are thus cut off by the dissection of all its organic and vascular attachments with the uterus.

Some years ago, I happened to see two cases of unavoidable hemorrhage, in which the placenta was spontaneously expelled for some hours, before the child itself was born. In both cases the attendant hemorrhage moderated, or entirely ceased, as soon as the whole placenta was completely detached. These instances, and others with which I was previously acquainted, forcibly suggested to my mind the idea that, under some complications in unavoidable hemorrhages, we might here (as in many other obstetric operations) adopt the principles of treatment at times successfully acted upon by nature herself, in her own unassisted management of such cases. I knew the fearful maternal mortality accompanying placental presentations, and that it was as great as, or even greater than, the fatality among patients attacked with yellow fever, or subjected to lithotomy. In order to ascertain if the *total* and complete detachment of the placenta afforded a greater chance of life to the mother, I collected and published in Dr. Cormack's Journal of Medical Science for March last, notices, which at that date I had brought together, of 141 ca-

ses of placental presentations in which the placenta was expelled or extracted before the child. The deductions which I ventured to draw from an analysis of these 141 cases were to the following effect:—

1. The *complete* separation and expulsion of the placenta before the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs seem usually to believe; and it is not by any means so serious and dangerous as (according to the commonly received doctrines of uterine hemorrhage) might *à priori* be expected.

2. In nineteen out of twenty cases in which it has happened, the attendant hemorrhage was either at once altogether arrested, or became so much diminished as not to be afterwards alarming.

3. The presence or absence of flooding after the complete separation of the placenta does *not* seem in any degree to be regulated by the extent of the interval intervening between the detachment of the placenta and birth of the child.

4. In ten out of the 141 cases, or in one out of fourteen, the mother died after the complete expulsion or extraction of the placenta before the child; whilst, as we shall see immediately, about one in every three of the mothers die under turning and extraction of the child in unavoidable hemorrhage.

5. In seven or eight out of these ten natural deaths, the fatal result seemed to have no connection with the complete detachment of the placenta, or with consequences arising directly from it; and if we did admit the three remaining cases, (which are doubtful,) as leading by this occurrence to a fatal termination, they would still only constitute a mortality from this complication of three in 141,—or of about one in forty-seven cases.

These facts tend strongly to show that the artificial and complete detachment of the placenta would in all probability be in some cases and varieties, at least, of unavoidable hemorrhage, accompanied with much saving of maternal life. I know further, that in several instances recorded by Collins, Ramsbotham, Lowenhardt, &c., this treatment has been followed with success, when perchance it had been had recourse to midwives, and others, under supposed mismanagement, and in ignorance and defiance of all the established rules of practice in this special complication.

Exactly a year ago, I had an opportunity of putting, for the first time, to the test of experience, the practice which the foregoing remarks all lead to suggest, of *detaching, and, if necessary, extracting the placenta and not the child* in unavoidable hemorrhage. The lady (a patient of Mr. Hill, of Portobello,) was taken in labor between the seventh and eighth month of pregnancy, and, in consequence of the severity of the discharge, was blanched and prostrated when I first saw her.

The vagina was filled with coagula, and the os uteri was, in consequence of its small size and great height, reached and passed with difficulty, so as to ascertain fully the presentation of the placenta. Anterior to it I was able after a short time to reach and rupture the membranes. Notwithstanding this, however, along with the exhibition of ergot, &c., the discharge and sinking continued to go on. It seemed very difficult and dangerous to attempt to turn in consequence of the state of the os, and as the edge of the after birth was offering to protrude through it, I separated and gradually extracted the whole placental mass. From the time that this was accomplished all hemorrhage ceased. The cord was cut, and the placenta removed from the bed. The infant came down slowly, and was safely expelled about two hours afterwards. The mother made a perfect and speedy recovery.

Similar cases of the successful adoption of the same practice have, since the period at which my paper appeared in Dr. Cormack's Journal, been published by Mr. Wilkinson, Mr. Greenhow, Mr. Jones, and Dr. Maclean. In all these instances the mothers were saved, and rapidly recovered. Dr. Lever and Dr. Bird have informed me, within the last week, of two other recent successful instances of the same practice. In the course of a short time it seems not unreasonable to expect, that we may have a sufficient number of cases recorded, to enable us to judge with greater certainty and precision of the merits of this plan of treatment, and of the particular placental complications to which it may be especially applicable.

*Medical Gazette.**

Clinical Researches on the exhibition of Kermes Mineral in Pulmonary Affections.—Dr. HERPIN has not found kermes so efficient in diseases of the pulmonary structure as it is stated to be; but in affections of the superior air passages he has derived from it the greatest benefit. He goes so far as to consider kermes mineral as a specific against the disorders of the respiratory tubes. In true croup Dr. H. has employed it as the "only" means of treatment, and obtained the most satisfactory results from its administration. In idiopathic and chronic laryngitis, kermes has again proved most servicable. Dr. H. has also used the medicine with benefit in some cases of deafness, caused by chronic obstruction of the Eustachian tube; the dose at which the drug has been exhibited in these several cases, varied between one and twelve grains in the twenty-four hours; on the average from three to six grains daily. When three grains are taken in one dose, sickness is generally the immediate result. The drug must be given in extremely small doses to avoid nausea, and to obtain merely alterative effects; the hour after meals is the most favorable to its exhibition.—*Med. Times in Med. News.*

* We are obliged for want of space to postpone the remaining portion of this discussion until a future number.—[Ed.]

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